HMO HEALTH BENEFIT PLAN COMPARISON FORM

BENEFIT	HMO STANDARD PLAN	XXX PLAN
	IN NETWORK ONLY UNLESS PREAUTHORIZED OR EMERGENCY	
Deductible Maximum out of Pocket for Covered Expenses Coinsurance Lifetime Maximum Benefit	None Single $1500 Family $3000 As Indicated Unlimited	
In-Hospital Care - Authorized In-patient Care,Semi Private Room and Misc. Services, Intensive/Cardiac/Neonatal Care, Ancillary Services, Preadmission Testing	$150 Copayment	
Transplant (Kidney, Cornea, Bone Marrow, Heart, Liver, Lung, Heart/Lung, Pancreas, Small Bowel	$150 Copayment	
Provider Office Visit Including Well Child & Adult Care, Immunizations, Office Diagnostic & Allergy Testing, Diabetes Education, Therapy, Radiation, Chemotherapy, and Dialysis	$10 Copayment	
Allergy Serum and Injections (Office Visit Subject to Copayment)	$5 Copayment	
Diagnostic Testing	$10 Copayment Away From Office Visit	
Ambulatory/Hospital Outpatient Surgery	$75 Copayment	
Maternity Care - Prenatal, Labor, Delivery and Postpartum	$150 Copayment Dependents Covered	
Emergency Services - Hospital Emergency Room (Waived if Admitted)	$50 Copayment	
Urgent Care	$25 Copayment	
Ambulance - Ground Only	$50 Copayment	
Mental Health Inpatient (Day Treatment/Intensive Outpatient Can Be Substituted for Inpatient Days on a 2:1 Basis) Outpatient Autism (Ages 2 through 21) $500 Monthly Benefit (Therapeutic, Respite, and Rehabilitative Care)	 $150 Copayment, 21 days/Plan Year, 1 admission/6 months $20 Copayment, 20 visits per Plan Year Copayment Applicable to Service Provided	
Substance Abuse- Same Coverage and Limits as Mental Health	Same Benefit Level as Mental Health	
Prescription Drugs and Contraceptives	$10 Copayment - 1 month supply	
Physical/Occupational/Cardiac Rehabilitation Therapy	$20 Copayment 20 Visits/Plan Year	
Speech Therapy	$20 Copayment 20 Visits/Plan Year	
Home Health Care	60 Visits Per Plan Year Covered in Full	
Skilled Nursing Facility	$150 Copayment 30 Days/Plan Year	
DME/Prosthetics/Hearing Aids	20% Coinsurance	
Hospice	Medicare Benefit	
Additional Rows as needed for Supplemental Benefit Riders		
MONTHLY PREMIUM	$	$

Benefit Reductions Or Denials Can Result From Failure To Follow The Plan's Rules
Ask What Restrictions Apply!
Benefits And Exclusions Are Subject To Modification Upon Renewal

(2002 Edition)